FEBRUARY 2008

Medi-Cal Health Care Program Update

"To Enrich Lives Through Effective and Caring Service"

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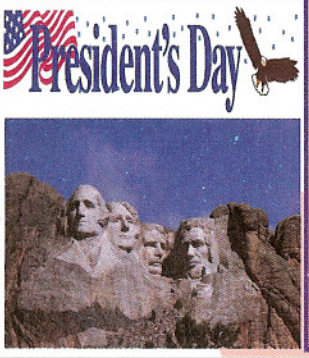

SB 87 CASE COMMENTS

Whenever there is contact with a participant, whether via mail, telephone, or a face-to-face interview, it is imperative that the contact is documented in detail on the LEADER Case Comments screen. Case comments should always include:

- Who the contact was with
- When the contact was made
- The reason for the contact
- What information was reported
  - When the change occurred (if any)
  - What verification was used
  - What screens were updated on LEADER
- What other actions the Eligibility Worker took and the reason
- What benefits the household was eligible to
- Were the changes authorized and submitted to a supervisor

For example:

"On 11/21/2007, a participant called to state that she was no longer employed at Ajax Services and had started receiving UIB. EW requested the last date of employment and the date the pt received her first UIB check. Pt informed EW that she had been laid off 10/31/2007 and started receiving UIB 11/15/2007. EW reviewed IEVS and verified the weekly amount and when Pt applied. EW updated employment training detail screen with termination date of employment. IEVS system used as source. EW completed unearned income screen with UIB information. All household members are now eligible to 1931B. Ran SFU, EDBC, authorized case and submitted to supervisor for review. J. Smith, MC01."

Good concise case comments are effective in clarifying case situations where the possibility of an error exists. Furthermore, case comments are of great importance when the case is subject to review by a third party, such as a QC Monitor or the State.

Reference: All County Welfare Directors Letter No. 01-39, dated 07/31/01
All County Welfare Directors Letter No. 02-59, dated 12/23/02

LOA CORNER

QUESTION: If a participant reported that he/she did not receive the Letter of Authorization (LOA)/MC 180 that was mailed to him/her and wants to have another MC 180 sent to him/her, do we issue another MC 180?

ANSWER: An MC 180 may be issued as a replacement for any lost, misplaced or damaged MC 180. However, the request must be made in writing and must include a written statement of facts from the beneficiary explaining the reason why he/she is requesting a re-issuance of the MC 180. The statement from the beneficiary must be filed in the LOA/MC 180 Documentation Folder, PA 7-11 MC RED, with a copy of the newly issued MC 180. All information and actions taken pertaining to the re-issuance of the MC 180 must be documented in the LEADER Case Comments.

Reference: Clarification received from the Department of Health Care Services, 05/23/07 and 08/16/07

Be Mine

If you find the information contained in the Medi-Cal Program Newsletters interesting; if you are intrigued by their good looks; and you would like to make them yours, all you need to do is log on to the DPSS website and get your copies. The DPSS website is www.ladpss.org; once there, just click on the "Medi-Cal Monthly Updates" link.

Medi-Cal to Healthy Families Bridging Consent Form (MC 0021)

NEW

A new Medi-Cal to Healthy Families Consent Form (MC 0021) for the Bridging Program was released via Forms Manual Letter 4870 in January 2008. Districts are to discontinue using the PA 1681 and PA 1682 and start using the new consent form upon receipt. The new MC 0021 is available in all threshold languages.

When using the MC 0021, the parent or caretaker relative must sign and return the form indicating they have given consent for a referral to the Healthy Families Program. Staff is not to send a transmittal (MC 363) to Healthy Families unless we have a written or verbal consent to make the referral.

Language in the Bridging Checklist and the monthly report has been revised to indicate the use of the new form. However, pending publication of the 2008 250% Federal Poverty Level (FPL) amounts, the revised Bridging Checklist and monthly report will be released in March 2008 after the new FPL amounts have been updated.

Staff is reminded to continue using the Bridging Checklist to evaluate children for the Bridging Program whenever there is a change from a zero share of cost to a share of cost.

Reference: ACWDL 07-09, dated 5/14/07

Timely Case Disposition

This is a reminder to Eligibility Supervisors (ES) and Eligibility Workers (EW) of their responsibility to ensure that all cases are processed and authorized timely. Recent state audits indicate that some cases, not meeting processing time, are a result of an untimely ES authorization.

With the exception of cases for which an extension is granted and the reason for the extension is well documented in Case Comments, all other cases must be authorized following the county's processing guidelines.

When a new case has been pending for more than 25 days

- The EW should alert the ES when a Final Case Disposition needs the ES's Authorization.
- The ES should review and authorize the Case Disposition within the 30 days requirement.

If unable to make an eligibility determination within 25 days of application

- The EW must document in **Case Comments** the reason for the delay and type of verification needed to complete the eligibility determination.

If unable to authorize the final disposition

- The ES must document in **Case Comments** what information or steps are required to complete the final disposition.

Health Insurance Premium Payment Program
It's "hip" to know about HIPP

The Health Insurance Premium Payment Program (HIPP) pays private health insurance premiums for certain Medi-Cal beneficiaries.

Under HIPP, the Medi-Cal Program provides financial assistance to certain Medi-Cal beneficiaries by purchasing private or employer-related health coverage when it is available and cost-effective. By purchasing health coverage for Medi-Cal beneficiaries, the Medi-Cal Program defers the cost of medical care to private health insurance carriers or plans.

Some of the HIPP requirements are: *

- Currently be receiving Medi-Cal
- Have a high-cost medical condition
- Have access to private health insurance at the time of application

Medi-Cal beneficiaries who have a diagnosis of HIV/AIDS or pregnancy are automatically determined cost-effective for HIPP, if otherwise eligible for Medi-Cal. Eligibility Staff are to refer potentially eligible clients to the Department of Health Care Services (DHCS) via the DHS 6155 for possible participation in the program, or contact Medi-Cal Program if you have questions. You may also call the HIPP toll free number 1-866-298-8443.

*See references below for additional requirements.

References: Administrative Memo # 90-71, dated 12/6/90
Administrative Memo # 91-40, dated 6/20/91
Available in the DPSS Document Library

CHILDREN AND EXCESS PROPERTY UNDER THE ASSET WAIVER PROGRAM

Staff is reminded that children can still be aided in cases that are determined to have excess property under the Asset Waiver Program.
The following factors are required for eligibility:

- Children must meet the age limits of the FPL (Percentage) Programs.
- Household income must be within the FPL limit of the age group of the child.

Reference: ACWDL 98-46, dated 10/22/98

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